

REQUEST FOR STATUS OF FORM For use of this form see, NGBM 25-4/4-91, the proponent agency is NGB-SDP			SUSPENSE DATE: (YYYYMMDD)	
INSTRUCTIONS 1. Verify information in Part I 2. Complete Part II and Part III 3. Return to Forms Management by suspense date				
TO:		FROM:		DATE: (YYYYMMDD)
FORMS		TELEPHONE NO. (Include area code and DSN) COMM DSN		FAX NO. (Include area code and DSN) COMM DSN
PART I - FORM INFORMATION				
FORM NO.	FORM DATE:	FORM LETTER NO.:	FORM LETTER DATE:	
PRESCRIBING DIRECTIVE:				
PART II - FORM STATUS				
Form will be: (Check one of the following)				
<input type="checkbox"/>	UNDER REVISION	ESTIMATED DATE TO BE (YYYYMMDD)	ARE REPRINTS AUTHORIZED <input type="radio"/> YES <input type="radio"/> NO	
<input type="checkbox"/>	SUPERSEDED	FORM NO.	FORM DATE	
<input type="checkbox"/>	OBSOLETE			
<input type="checkbox"/>	NO CHANGES ANTICIPATED AT THIS TIME			
REMARKS				
PART III - OPR INFORMATION				
OFFICE SYMBOL		TELEPHONE NO. (Include area code and COMM DSN		FAX NO. (Include area code and DSN) COMM DSN
POINT OF CONTACT NAME				E-MAIL ADDRESS
SIGNATURE				DATE (YYYYMMDD)